



**TOWN OF MANSFIELD
BOARD OF ASSESSMENT APPEALS
C/O ASSESSOR'S OFFICE
4 SOUTH EAGLEVILLE RD, STORRS, CT 06268**

APPLICATION FOR ASSESSMENT APPEAL
(must be postmarked no later than *February 20, 2018*)

OCTOBER 1, 2017 GRAND LIST

**HEARING DATES: Saturday, March 10, 2018, 9am - 12pm
and Tuesday, March 20, 2018, 6:00-8:30pm - BY APPOINTMENT ONLY**

NAME: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____

REAL ESTATE _____ SUPPLEMENTAL MV _____ PERSONAL PROP _____

MOTOR VEHICLE DESC.: (YR/MK/MDL) _____

OR

REAL ESTATE ADDRESS UNDER APPEAL: _____

**REASON FOR APPEAL (ATTACH DOCUMENTATION TO APPLICATION: APPRAISAL,
COMPARABLE SALES, ETC.):**

OWNER'S ESTIMATE OF VALUE: _____

TOWN'S (100%) VALUE: _____

SIGNATURE OF OWNER

DATE

Fax 860-429-7785

Email: Assessor@mansfieldct.org

HEARING DATES: Saturday, March 10th, 9am - 12pm
and Tuesday, March 20th, 6:00-8:30pm

Time: _____ AM / PM

REMARKS BY THE BOARD: _____

I ATTEST THAT _____ PERSONALLY APPEARED
AND SWORE THAT HE/SHE IS THE OWNER OR AGENT OF THE
PROPERTY DESCRIBED IN THIS APPEAL.

BOARD MEMBER

* * * * *

AT A MEETING OF THE BOARD OF ASSESSMENT APPEALS HELD ON
THE DATE ABOVE, THE FOLLOWING ACTION WAS TAKEN ON THIS
PETITION:

PETITION DISMISSED _____

PETITION GRANTED WITH THE FOLLOWING ASSESSMENT
REDUCTION AUTHORIZED: _____

CHAIRMAN,
BOARD OF ASSESSMENT APPEALS